

NEVADA STATE
BOARD OF PHARMACY

BOARD MEETING

December 8, 2022

Zoom

<https://zoom.us/j/5886256671>

Meeting ID: 5886256671



Nevada State Board of Pharmacy

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Date Posted: November 23, 2022

AGENDA

◆ PUBLIC NOTICE ◆

The Nevada State Board of Pharmacy will conduct a meeting on:

Thursday, December 8, 2022
1:00 p.m.

Pursuant to NRS 241.023(1)(c) the meeting is being conducted by means of remote technology. The public may attend the meeting via live stream remotely at:

Via Videoconference at Zoom: <https://zoom.us/j/5886256671>

or

Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671

Please Note:

In regulating the practice of pharmacy, the Nevada State Board of Pharmacy has a duty to carry out and enforce the provisions of Nevada law to protect the health, safety, and welfare of the public.

Please note that items on this agenda may be taken out of order, two or more agenda items may be combined for consideration, and/or items may be removed from the agenda or delayed for discussion at any time.

The Board may convene in closed session pursuant to NAC 241.030 to consider the character, alleged misconduct, professional competence or physical or mental health of any of person named on this agenda.

The Board will take public comment on any matters within their jurisdiction, control or advisory power. Public comments may be limited to three minutes per person. Public comment may also be submitted to the Board at pharmacy@pharmacy.nv.gov.

The Board may refuse to consider public comment related to a contested case pursuant to NAC 2338.126 until the Board has rendered a decision in the contested case.

1. Call to Order and Roll Call - Establishment of Quorum
2. Public Comment: No action may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on a future agenda as an item. (NRS 241.020)

◆ PUBLIC HEARING ◆

Thursday December 8, 2022 – 1:00 pm

3. **Amendment of Nevada Administrative Code (NAC) 639.** The proposed amendments establish the requirements and locations for a pharmacist to engage in the practice of pharmacy at a site other than a licensed pharmacy. (LCB File R164-20)
4. Public Comment: No action may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on a future agenda as an item. (NRS 241.020)
5. Adjournment

Note: We are pleased to make reasonable accommodations for members of the public who are disabled and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify the Nevada State Board of Pharmacy, 985 Damonte Ranch Parkway, Suite 206, Reno, NV, 89521, or call Kristopher Mangosing at (775) 850-1440, as soon as possible.

Supporting materials or additional information regarding the meeting may be obtained from Shirley Hunting at (775) 850-1440, email shunting@pharmacy.nv.gov or 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada, 89521.

Continuing Education credit will be given for in person attendance at this Board meeting pursuant to NAC 639.330(1)(b)(2).

This notice has been posted at www.notice.nv.gov and www.bop.nv.gov pursuant to NRS 241.020 (4).

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**PROPOSED REGULATION OF THE
STATE BOARD OF PHARMACY**

LCB File No. R164-20

April 28, 2022

EXPLANATION – Matter in *italics* is new; matter in brackets ~~omitted material~~ is material to be omitted.

AUTHORITY: §§ 1-6 and 10, NRS 639.070; §§ 7-9, NRS 639.070, 639.071 and 639.072.

A REGULATION relating to pharmacy; prescribing requirements governing the practice of pharmacy outside the site of a licensed pharmacy; authorizing a registered pharmacist who is employed by or under contract with a licensed pharmacy to engage in the practice of pharmacy outside the site of a licensed pharmacy without additional approval by the State Board of Pharmacy; requiring certain registered pharmacists to obtain the approval of the Board in order to engage in the practice of pharmacy outside the site of a licensed pharmacy; revising provisions relating to the provision of remote chart order processing services to a hospital or correctional institution; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law requires the State Board of Pharmacy to adopt regulations governing the practice of pharmacy, including the dispensing, sale, storage, handling, sanitation and security of poisons, drugs, chemicals and medicines. (NRS 639.070) Existing regulations prohibit a pharmacist from engaging in the practice of pharmacy except at the site of a licensed pharmacy unless the pharmacist is approved by the Board to engage in the practice of pharmacy outside such a site. (NAC 639.401, 639.403) **Section 3** of this regulation authorizes a registered pharmacist who is employed by or under contract with a pharmacy, other than an institutional pharmacy, or who is an employee of the State Government to engage in the practice of pharmacy outside the site of a licensed pharmacy without obtaining the approval of the Board. **Section 3** requires that a registered pharmacist engaging in the practice of pharmacy under those conditions have access to patient data maintained by the pharmacy for which the registered pharmacist serves as an employee or contractor. **Section 5** of this regulation requires a registered pharmacist who is not employed by or under contract with a pharmacy to apply for and obtain the approval of the Board in order to engage in the practice of pharmacy outside the site of a licensed pharmacy. **Section 2** of this regulation prescribes the requirements applicable to any registered pharmacist engaging in the practice of pharmacy outside the site of a licensed pharmacy, regardless of whether the registered pharmacist is employed by or under contract with a licensed pharmacy. Such requirements include certain limitations on the services that such a registered pharmacist is authorized to provide. **Sections 5 and 6** of this regulation clarify that the requirements of **section 2** apply to a registered pharmacist who is not employed by or under

contract with a licensed pharmacy. **Section 10** of this regulation repeals a requirement that a licensed pharmacy must obtain the approval of the Board before using the services of a registered pharmacist to engage in the practice of pharmacy at a site other than the site of the licensed pharmacy and provisions relating to such approval. **Section 4** of this regulation removes a reference to a repealed section.

Existing regulations require certain pharmacies that are within a hospital or correctional institution to provide chart order processing services to the hospital or correctional institution by: (1) operating at all times; (2) employing a pharmacist who is available at all times that the pharmacy is not operating; or (3) contracting with an off-site pharmaceutical service provider that is available at all times that the pharmacy is not operating. (NAC 639.4915) Existing regulations prescribe qualifications and standards of practice for a pharmacist who is employed by an off-site pharmaceutical service provider to provide remote chart order processing services to a hospital or correctional institution. (NAC 639.4916) **Section 8** of this regulation removes specific provisions concerning the manner in which a pharmacy within a hospital or correctional institution is authorized to provide chart order processing services to the hospital or correctional institution. **Section 9** of this regulation makes the qualifications and standards of practice that currently exist for a pharmacist who is employed by an off-site pharmaceutical service provider to provide remote chart order processing services to a hospital or correctional institution applicable to any registered pharmacist who is employed by or under contract with a pharmacy in a hospital or correctional institution to provide such services. **Section 9** also makes certain revisions to those qualifications and standards of practice, including requiring such a registered pharmacist to comply with the requirements of **section 2** to the same extent as any other registered pharmacist who engages in the practice of pharmacy at a location other than the site of a licensed pharmacy. **Section 10** removes additional provisions governing off-site pharmaceutical service providers.

Section 1. Chapter 639 of NAC is hereby amended by adding thereto the provisions set forth as sections 2 and 3 of this regulation.

Sec. 2. 1. *While engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy pursuant to the provisions of NAC 639.403 or section 3 of this regulation, a registered pharmacist may perform only:*

(a) The functions described in paragraphs (b), (c), (d), (g) and (h) of subsection 1 of NRS 639.0124, as amended by section 1 of Senate Bill No. 229, chapter 290, Statutes of Nevada 2021, at page 1660, section 2 of Senate Bill No. 325, chapter 492, Statutes of Nevada 2021, at page 3201, and section 5 of Senate Bill No. 190, chapter 504, Statutes of Nevada 2021, at page 3270; and

(b) The administration of immunizations pursuant to a written protocol established in accordance with NAC 639.297 to 639.2978, inclusive.

2. A registered pharmacist who engages in the practice of pharmacy at a location other than the site of a licensed pharmacy pursuant to the provisions of NAC 639.403 or section 3 of this regulation shall:

(a) Provide written notice of the site of practice to the Executive Secretary in accordance with NAC 639.225;

(b) Ensure that the records of the registered pharmacist are made readily accessible to members of the Board and employees, agents and designees of the Board; and

(c) Comply with all applicable federal and state laws and regulations, including, without limitation:

(1) The Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, and the regulations adopted pursuant thereto, and any other applicable federal or state law concerning the privacy of information regarding health care; and

(2) Requirements relating to the maintenance of records.

3. A registered pharmacist who engages in the practice of pharmacy at a location other than the site of a licensed pharmacy pursuant to the provisions of NAC 639.403 or section 3 of this regulation shall not maintain an inventory of drugs at that location.

4. A registered pharmacist shall not engage in the practice of pharmacy at a location other than the site of a licensed pharmacy pursuant to the provisions of NAC 639.403 or section 3 of this regulation if he or she:

(a) Serves as a managing pharmacist; or

(b) Provides pharmaceutical services at:

- (1) *A facility for modified medical detoxification, as defined in NRS 449.00385;*
- (2) *An independent center for emergency medical care, as defined in NRS 449.013;*
- (3) *A facility for intermediate care, as defined in NRS 449.0038;*
- (4) *A facility for skilled nursing, as defined in NRS 449.0039; or*
- (5) *A surgical center for ambulatory patients, as defined in NRS 449.019.*

Sec. 3. *1. A registered pharmacist who is employed by or under contract with a pharmacy, other than an institutional pharmacy, or who is an employee of the State Government may engage in the practice of pharmacy at a location other than the site of a licensed pharmacy in accordance with this section and section 2 of this regulation.*

2. A registered pharmacist described in subsection 1 shall not engage in the practice of pharmacy at a location other than the site of a licensed pharmacy unless he or she is provided with the same computerized system and access to data regarding a patient for whom a prescription has been submitted that is available to a registered pharmacist in the pharmacy. Such data must include, without limitation:

- (a) The height, weight and age of the patient and any allergies that the patient may have;*
- (b) The medical records regarding any medications prescribed to the patient;*
- (c) The results of any relevant laboratory tests;*
- (d) The health history and notes regarding physical examinations, to the extent that the information is available in the computerized system of the pharmacy;*
- (e) Any notes provided by a physician, nurse or other medical staff, to the extent that those notes are available in the computerized system of the pharmacy;*
- (f) A legible copy of the prescription that is available through a scanned image in the computerized system of the pharmacy or by facsimile machine; and*

(g) Any other information that is available in the computerized system of the pharmacy that is relevant or necessary for the registered pharmacist to provide pharmaceutical services.

Sec. 4. NAC 639.401 is hereby amended to read as follows:

639.401 Except as otherwise provided in NAC 639.403 and ~~639.412,~~ *section 3 of this regulation,* a registered pharmacist may engage in the practice of pharmacy only at the site of a licensed pharmacy.

Sec. 5. NAC 639.403 is hereby amended to read as follows:

639.403 ~~1.—Except as otherwise provided in subsection 2, a)~~ A registered pharmacist ~~may apply to)~~ *who is not employed by or under contract with a pharmacy and who is not an employee of the State Government shall not engage in the practice of pharmacy at a site other than the site of a licensed pharmacy unless he or she obtains the approval of the Board to engage in the practice of pharmacy at a site other than the site of a licensed pharmacy .* ~~By submitting)~~ *To request such approval, the registered pharmacist must submit an application on a form prescribed by the Board. An application must be approved before a registered pharmacist may commence any practice pursuant to this section. The application must include, without limitation:*

~~(a)~~ 1. The name of the *registered* pharmacist;

~~(b)~~ 2. A description of the services that the *registered* pharmacist intends to provide at the site ~~(c)~~, *which must not include services other than the services authorized by section 2 of this regulation to be performed at the site;*

~~(c)~~ 3. The location at which the *registered* pharmacist will provide the services;

~~(d)~~ 4. An identification of the types of patients or other persons to whom the *registered* pharmacist intends to provide the services;

~~(e)~~ 5. An identification of the types of pharmacies or other entities to whom the *registered* pharmacist intends to provide the services;

~~(f)~~ 6. A description of all resources, both paper and electronic, that will be available to the *registered* pharmacist in the course of providing the services;

~~(g)~~ 7. The days and hours during which the *registered* pharmacist intends to provide the services;

~~(h)~~ 8. An explanation of the policy of the *registered* pharmacist for users of the services when the *registered* pharmacist is unavailable;

~~(i)~~ 9. An explanation of the policy of the *registered* pharmacist regarding the confidentiality and security of the patient data that will be gathered, made and maintained as part of the services which are provided, including, without limitation, paper and electronic records;

~~(j) Whether the services provided will be affiliated with, an adjunct of or otherwise related to a licensed pharmacy; and~~

~~(k)~~ 10. *The identity of the business under which the services will be performed, as registered with the Secretary of State pursuant to chapter 76 of NRS; and*

11. A description of the business plan for the services provided.

~~12.—A registered pharmacist may not submit an application pursuant to subsection 1 if he or she provides services:~~

~~—(a) Pursuant to the provisions of NAC 449.15347;~~

~~—(b) Pursuant to the provisions of NAC 449.6138;~~

~~—(c) Pursuant to the provisions of NAC 449.722;~~

~~—(d) Pursuant to the provisions of NAC 449.74531;~~

~~—(e) Pursuant to the provisions of NAC 449.9905 and 639.4996;~~

- ~~—(f) Pursuant to the provisions of subsection 2 of NAC 639.465;~~
- ~~—(g) Pursuant to the provisions of NAC 639.690;~~
- ~~—(h) Voluntarily or without compensation, regardless of whether the services are provided individually or through an employer; or~~
- ~~—(i) Pursuant to a medication therapy management program approved pursuant to 42 C.F.R. § 423.153(d).~~
- ~~—3. A registered pharmacist who administers immunizations pursuant to a written protocol established in accordance with NAC 639.297 to 639.298, inclusive, is not required to submit an application pursuant to this section for purposes of administering the immunizations at the authorized location.]~~

Sec. 6. NAC 639.406 is hereby amended to read as follows:

639.406 1. Upon submission of an application pursuant to NAC 639.403, the Board will schedule a hearing before the Board. At the hearing, the Board will consider the application and any other relevant information to determine whether the practice and services proposed in the application will be provided in a manner that is safe and in the best interests of the health, safety and welfare of the public. The Board may consider, without limitation, the following factors in determining whether to approve, deny or modify such an application:

- (a) The information contained in the application;
- (b) The education, experience and expertise of the applicant;
- (c) The disciplinary history of the applicant, if any; and
- (d) Whether the applicant has sufficient malpractice or other liability insurance.

2. At the hearing, the Board may request that the applicant modify his or her application.

3. If the Board approves an application, the Board will provide the applicant with documentation indicating the approval and setting forth the terms and conditions , *in addition to those prescribed by section 2 of this regulation*, under which the applicant may provide the services approved by the Board.

4. If the Board denies an application, the Board will provide the applicant with a written notice of the denial indicating the reasons for the denial and identifying any deficiencies in the application.

Sec. 7. NAC 639.491 is hereby amended to read as follows:

639.491 As used in NAC 639.491 to ~~639.4917,~~ 639.4916, inclusive, unless the context otherwise requires, the words and terms defined in NAC 639.4911 to 639.4914, inclusive, have the meanings ascribed to them in those sections.

Sec. 8. NAC 639.4915 is hereby amended to read as follows:

639.4915 A pharmacy located within a hospital or correctional institution that is required to have a full-time managing pharmacist pursuant to NAC 639.465 shall provide chart order processing services to the hospital or correctional institution ~~1. The pharmacy shall provide the chart order processing services by:~~

~~—1. Operating~~ at all times . ~~1; or~~

~~—2. Employing a pharmacist who is on duty at all times that the pharmacy is operating and either:~~

~~—(a) Employing a pharmacist who is available at all times that the pharmacy is not operating;~~

~~or~~

~~—(b) Contracting with an off-site pharmaceutical service provider that is available at all times that the pharmacy is not operating.~~

Sec. 9. NAC 639.4916 is hereby amended to read as follows:

639.4916 1. A *registered* pharmacist who is employed by ~~{an off-site pharmaceutical service provider}~~ or under contract with a pharmacy located within a hospital or correctional institution to provide *the* remote chart order processing services to ~~{a}~~ *the* hospital or correctional institution ~~{pursuant to}~~ *that the pharmacy is required by NAC 639.4915 to provide* must:

(a) ~~{Be licensed to practice in Nevada;~~

~~—(b)}~~ Be trained in the policies and procedures of the hospital or correctional institution regarding all policies and procedures of the hospital or correctional institution with which the *registered* pharmacist must comply, including, without limitation, the provision of pharmaceutical services, security and confidentiality of patient records;

~~{(c) Except as otherwise provided in subsection 3, be} and~~

(b) *Be* provided with the same computerized system and access to data regarding a patient for whom a chart order has been submitted that would be available to a *registered* pharmacist employed by the pharmacy located within the hospital or correctional institution, including, without limitation:

(1) The height, weight and age of the patient and any allergies that the patient may have;

(2) The medical records regarding any medications prescribed to the patient;

(3) The results of any relevant laboratory tests ; ~~{, to the extent that those results are available in the computerized system of the hospital or correctional institution;}~~

(4) The health history and notes regarding physical examinations, to the extent that the information is available in the computerized system of the hospital or correctional institution;

(5) Any notes provided by a physician, nurse or other medical staff of the institution, to the extent that those notes are available in the computerized system of the hospital or correctional institution;

(6) A legible copy of the chart order that is available through a scanned image in the computerized system of the hospital or correctional institution or by facsimile machine; and

(7) Any other information that is available in the computerized system of the hospital or correctional institution that is relevant or necessary for the *registered* pharmacist to provide pharmaceutical services. ~~}; and~~

~~—(d) Demonstrate to the off-site pharmaceutical service provider that the pharmacist is competent and knowledgeable in the use of the computerized system of the hospital or correctional institution and in providing pharmaceutical services in a hospital or correctional institution.~~

2. Before a *registered* pharmacist who is employed by ~~{an off-site pharmaceutical service provider}~~ or under contract with a pharmacy located within a hospital or correctional institution provides remote chart order processing services to ~~{a}~~ the hospital or correctional institution, the *registered* pharmacist must review any relevant information regarding the patient for whom a chart order has been submitted. The *registered* pharmacist must, before approving a chart order to be filled, evaluate:

- (a) The overutilization or underutilization of a medication;
- (b) Therapeutic duplication;
- (c) The appropriateness of the prescribed dosage and route of administration;
- (d) The appropriateness of the directions for use of the medication;
- (e) The appropriateness of the duration of the treatment with the prescribed medication;

(f) Any contraindications of the medication and a particular disease, ailment or allergy of the patient;

(g) Any contraindications or interactions between multiple medications prescribed for the patient; and

(h) The potential abuse or misuse of a medication.

3. *A registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide remote chart order processing services to the hospital or correctional institution shall comply with the requirements of section 2 of this regulation to the same extent as a registered pharmacist engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy pursuant to the provisions of NAC 639.403 or section 3 of this regulation.*

4. In an emergency, a registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide remote chart order processing services to the hospital or correctional institution may render remote chart order processing services without being provided with all of the information required by paragraph ~~(e)~~ (b) of subsection 1 if the registered pharmacist believes, in his or her professional judgment, that he or she has received sufficient information from the staff of the hospital or correctional institution to render the services.

~~4.~~ 5. A registered pharmacist who is employed by ~~an off-site pharmaceutical service provider~~ or under contract with a pharmacy located within a hospital or correctional institution to provide remote chart order processing services to the hospital or correctional institution may refuse to approve the filling of a chart order if, in the judgment of the registered pharmacist, the chart order is not safe or reasonable for the patient. A registered pharmacist who

refuses to approve the filling of a chart order pursuant to this subsection must notify the hospital or correctional institution as soon as practicable that he or she has refused to approve the filling of the chart order.

~~{5.}~~ 6. Each time that a *registered* pharmacist who is employed by ~~{an off-site pharmaceutical service provider}~~ or under contract with a pharmacy located within a hospital or correctional institution to provide remote chart order processing services to the hospital or correctional institution provides remote chart order processing services pursuant to this section, the *registered* pharmacist shall make a notation in the computerized system of the hospital or correctional institution that indicates:

- (a) The name or other identifier of the *registered* pharmacist;
- (b) The date and time that the *registered* pharmacist provided the services and, if applicable, approved the filling of a chart order; and
- (c) The specific services provided by the *registered* pharmacist.

~~{6.}~~ 7. The managing pharmacist of a pharmacy ~~{that has a contract with or is owned by the same entity as an off-site pharmaceutical service provider}~~ located within a hospital or correctional institution may limit the remote chart order processing services provided ~~{by a pharmacist employed by the off-site pharmaceutical service provider.}~~ pursuant to this section.

Sec. 10. NAC 639.412, 639.415, 639.418, 639.4913 and 639.4917 are hereby repealed.

TEXT OF REPEALED SECTIONS

639.412 Application for licensed pharmacy to use services of one or more pharmacists at site other than licensed pharmacy. (NRS 639.070)

1. Except as otherwise provided in subsection 2, a licensed pharmacy may apply to the Board to use the services of one or more registered pharmacists, including, without limitation, pharmacists employed by or under contract with the pharmacy, to engage in the practice of pharmacy at a site other than the site of the licensed pharmacy by submitting an application on a form prescribed by the Board. The application must include, without limitation:

- (a) The name of the pharmacy;
- (b) A description of the services that the pharmacy intends to provide at the site;
- (c) The location at which the pharmacy will provide the services;
- (d) An identification of the types of patients or other persons or entities to whom the pharmacy intends to provide the services;
- (e) A description of all resources, both paper and electronic, that will be available to the pharmacy in the course of providing the services;
- (f) The days and hours during which the pharmacy intends to provide the services;
- (g) An explanation of the policy of the pharmacy for users of the service when a pharmacist is unavailable;

(h) An explanation of the policy of the pharmacy regarding the confidentiality and security of the patient data that will be gathered, made and maintained as part of the services which are provided, including, without limitation, paper and electronic records; and

(i) A description of the business plan for the services provided.

2. A pharmacy may not submit an application pursuant to subsection 1 to use the services of a registered pharmacist who is prohibited from submitting an application pursuant to subsection 2 of NAC 639.403.

639.415 Hearing to approve or deny application from licensed pharmacy. (NRS 639.070)

1. Upon submission of an application pursuant to NAC 639.412, the Board will schedule a hearing before the Board. At the hearing, the Board will consider the application and any other relevant information to determine whether the practice and services proposed in the application will be provided in a manner that is safe and in the best interests of the health, safety and welfare of the public. The Board may consider, without limitation, the following factors in determining whether to approve, deny or modify such an application:

(a) The information contained in the application;

(b) The disciplinary history of the applicant, if any; and

(c) Whether the applicant has sufficient malpractice or other liability insurance.

2. At the hearing, the Board may request that the applicant modify the application.

3. If the Board approves an application, the Board will provide the pharmacy whose application is approved with documentation indicating the approval and setting forth the terms and conditions under which the pharmacists employed by or under contract with the pharmacy may offer the services approved by the Board.

4. If the Board denies an application, the Board will provide the applicant with a written notice of the denial indicating the reasons for the denial and identifying any deficiencies in the application.

639.418 Grounds for revocation, suspension or placement of restrictions on approval granted to licensed pharmacy to use services of one or more pharmacists at site other than licensed pharmacy. (NRS 639.070, 639.210) The Board may revoke, suspend or place restrictions on the approval granted to a licensed pharmacy to use the services of one or more registered pharmacists to engage in the practice of pharmacy at a site other than the site of the licensed pharmacy pursuant to NAC 639.415 based upon proof that:

1. The pharmacy has violated the terms and conditions under which the pharmacy was approved by the Board to provide the services; or
2. During the course of providing the services approved by the Board, the pharmacy has committed one or more acts that are grounds for disciplinary action pursuant to this chapter or chapter 639 of NRS.

639.4913 “Off-site pharmaceutical service provider” defined. (NRS 639.070) “Off-site pharmaceutical service provider” means a pharmacy that provides remote chart order processing services to a hospital or correctional institution that is owned by the same entity as the pharmacy or with which the pharmacy has contracted to provide remote chart order processing services.

639.4917 Policies and procedures of off-site pharmaceutical service providers. (NRS 639.070) Each off-site pharmaceutical service provider shall establish and follow policies and procedures for:

1. Protecting the confidentiality and integrity of patient information;

2. Assuring that pharmacists employed by the off-site pharmaceutical service provider comply with the provisions of NAC 639.4916;
3. Complying with all applicable state and federal statutes, regulations and rules, including, without limitation, maintaining records;
4. Ensuring that its records are made readily accessible to members of the Board and employees, agents and designees of the Board;
5. Conducting an ongoing program for the improvement of the provision of pharmaceutical services that is designed to objectively and systematically monitor and evaluate the quality and appropriateness of patient care, improve patient care and resolve problems identified by the program;
6. Performing an annual review of the program conducted pursuant to subsection 5;
7. Assuring that the pharmacists employed by the off-site pharmaceutical service provider are able to communicate with identified employees of the hospital or correctional institution as necessary to provide pharmaceutical services, including, without limitation, communicating with pharmacists employed by the hospital or correctional institution; and
8. The provision of pharmaceutical services at times when the off-site pharmaceutical service provider temporarily or permanently cannot provide such services.

December 2, 2022

To the Nevada Board of Pharmacy Members,

Good morning, my name is KayLynn Bowman and I am speaking for myself today for public comment as a registered pharmacist in Nevada. I have appeared before the Board of Pharmacy previously on different occasions to comply with the NAC 639.403. Each appearance required me to submit the required information, be approved to appear on the agenda, take time from work, in some cases travel, and wait for my turn to make my statement. Each time, my request was approved unanimously by the Board within a matter of minutes. For 4 years I have met the requirements set forth in NAC 639.403 with no complaints by Board members or citizens of Nevada.

Yet, I am here today to let you know that this process is not ideal, it has limited my ability to provide timely care and services to members in the community prior to, during and ongoing through a pandemic. I have read the possible changes that may be adopted to the NAC Chapter 639, and it will greatly impact my ability as a consultant pharmacist that contracts with Dignity Health through CDC grant funds that are awarded by Nevada's Health and Human Services and by the funding from the Ryan White grant interested in collaborating with a pharmacist. Every new office location, collaboration with community partners, grant opportunity or objective not previously identified on prior NAC 639 requests will require me to again submit another request for a Board appearance.

- A registered pharmacist does not have to be tied to a physical pharmacy to practice pharmacy.
- A registered pharmacist does not have to be associated with dispensing functions or processing prescriptions in a pharmacy software system.
- A registered pharmacist can provide clinical services that improve patient outcomes that is not associated with an institution, government agency, or correctional facility.
- A registered pharmacist should not have to define every local, patient criteria, or business plan as requested to be considered capable to provide patient care for every possible health care situation.

The ability to practice as a pharmacist is restricted in Nevada. The more I try to create opportunities where I can practice pharmacy to my best, I am being placed in a legislative box. For me to comply with the proposed legislative recommendations, I would have to belong to a pharmacy, hospital, doctor's office, or organization that manages what a pharmacist does and provide pharmacy software. The minute I step outside those institutions, I am no longer a practicing pharmacist, until the Board of Pharmacy approves my request, appear before the Board in person, and granted the permission to practice pharmacy. That is what the proposed changes will accomplish, more regulation and restrictions beyond the 4-walls of a pharmacy. Until such requests are approved by the Board, I am essentially a health educator, a trainer, a community health worker and not a practicing pharmacist. I appreciate the time the board has provided for public comment, and I hope that the Board reconsiders the proposed changes to NAC Chapter 639 in further limiting me, as a registered pharmacist, to practice at the top of my pharmacy license.

Thank you,

KayLynn Bowman, PharmD, MS, MS, MEd.
Registered Pharmacist, NV17134



12/02/22

Good Morning Board of Pharmacy Members,

Today I am contacting you on behalf of the Nevada Pharmacy Alliance. We are an association that represents pharmacy teams throughout the state of Nevada. We are committed to connecting, educating, and advocating for the profession of pharmacy to optimize patient care and public health.

On Thursday, December 8th you will be discussing LCB file number R164-20. This has to do with pharmacists working outside of a licensed pharmacy.

While we appreciate the work that has been done around this regulation, we feel that it is still too restrictive to allow pharmacists to provide optimal patient care. Here are some reasons why we feel this way.

- The changes to the regulation will still require some pharmacists to appear before the Board of Pharmacy to provide clinical services outside of a licensed pharmacy.
- Requiring these pharmacists to appear causes the following things:
 - Delay in patient care and clinical services.
 - Delay in grant work funded by different entities including the state.
 - Valuable work time is lost when pharmacists must travel, wait, and appear before the board.
 - Some companies and pharmacists have reported that they have decided not to provide the clinical services because the requirement to appear.
- Other health care professionals do not have to appear before their respective boards to work at different locations. Doctors, nurses, physician assistants, advanced nurse practitioners, etc. are all free to work where they please.
- Pharmacists are taught in school and through continuing education how to perform the pharmacist-patient care process. This includes interviewing patients, assessing their needs, working with them to come up with a plan, partnering with other health care professionals, and following up with them. This is also called medication therapy management (MTM) or complete medication management (CMM). This regulation is hindering this from occurring.
- Throughout the nation more and more pharmacists are providing clinical services outside of a licensed pharmacy. Laws are being changed and we expect to continue to see an increase in this type of work in Nevada.
- According to the National Association of Boards of Pharmacy 2022 Survey of Pharmacy Law, Chart 28:
 - Nevada is one of only five states in the United States, District of Columbia,

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and Guam that has such restrictions in place.

- The other states are Florida, Georgia, Michigan, and Utah
- Twelve states do have caveats in allowing pharmacists to practice outside of a pharmacy.

Here are some examples of pharmacists that may still have to appear according to the new regulation:

1. A pharmacist that works for a university, FQHC, or general medicine clinic. Example - They see patients along with other health care providers or do calls/telehealth services independently.
2. A pharmacist who is employed by a corporation but has their own LLC to do grant work outside of their normal position. Example - They travel to different clinics and meet with patients. They provide MTM services and make recommendations to the patient's providers.

Our understanding is that the original public comment period for changes to this regulation occurred in 2020. We were told that no pharmacy professionals made public comment at that time. This was at the height of the COVID pandemic and many pharmacists were trying to figure out how to handle day to day operations. Since that public comment period ended, we have seen an increased number of pharmacists working outside of licensed pharmacies and providing clinical services.

We suggest that you approve R164-20 today, so that the changes so far are put into place. We would like to see the process to make additional changes, regarding this regulation, start over as possible. It would be ideal if all pharmacists licensed in Nevada were not required to appear in front of the Board to work outside of a licensed pharmacy.

If you have any questions, please feel free to contact us.

Ken Kunke, PharmD

Nevada Pharmacy Alliance
Executive Secretary

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28. Independent Pharmacist Practice

May Pharmacists:

State	Initiate, Modify, and/or Discontinue Drug Therapy Pursuant to a Collaborative Practice Agreement or Protocol?	Practice Medication Therapy Management Outside of a Pharmacy Setting?	Administer Drugs?	Administer Immunizations?
Alabama	Yes	Yes	Yes	Yes
Alaska	Yes	Yes Q	Yes EE	Yes EE
Arizona	Yes	Yes	Yes	Yes
Arkansas	Yes	Yes	Yes O	Yes KK
California	Yes	Yes	Yes	Yes
Colorado	Yes	Yes	Yes	Yes
Connecticut	Yes A, B	Yes	Yes A, B, GG	Yes A, B, GG
Delaware	No	Yes	Yes	Yes
District of Columbia	Yes C	Yes R	No	Yes
Florida	Yes A	No	No	Yes VV
Georgia	Yes	No	Yes	Yes
Guam	W	W	L	Yes
Hawaii	Yes D	Yes	Yes D	Yes D
Idaho	Yes	Yes	Yes S	Yes S
Illinois	Yes B4	Yes T	Yes HH	Yes E5
Indiana	Yes	Yes	Yes II	Yes WW
Iowa	Yes	Yes	Yes	Yes FFF
Kansas	Yes	Yes	Yes L4	Yes KK
Kentucky	Yes	Yes	Yes O	Yes
Louisiana	Yes	Yes	Yes	Yes
Maine	Yes	Yes U	Yes A4	Yes A4
Maryland	Yes	Yes	Yes LL	Yes LL
Massachusetts	Yes	Yes	Yes TTT	Yes MM
Michigan	Yes	No	Yes	Yes YY
Minnesota	Yes	Yes	Yes NN	Yes ZZ
Mississippi	Yes	Yes	Yes	Yes
Missouri	Yes SSS	Yes SSS	Yes	Yes †
Montana	Yes	Yes	Yes	Yes AAA
Nebraska	Yes	J4	Yes	Yes BBB
Nevada	Yes	No	Yes OO	Yes
New Hampshire	Yes	Yes	No	Yes
New Jersey	Yes N	Yes	Yes KK	Yes KK
New Mexico	Yes H	Yes	Yes	Yes
New York	Yes I	Yes	Yes PP	Yes PP
North Carolina	Yes J	Yes	Yes QQ	Yes CCC
North Dakota	Yes	Yes	Yes	Yes LLL
Ohio	Yes	Yes	Yes Q	Yes RR
Oklahoma	No L	Yes	Yes	Yes BBB
Oregon	Yes	Yes †	Yes	Yes †
Pennsylvania	Yes A	Yes	Yes	Yes VV
Puerto Rico	—	—	No	Yes
Rhode Island	Yes	Yes	Yes SS	Yes SS
South Carolina	No	Yes	Yes	Yes
South Dakota	Yes	Yes	Yes III	Yes
Tennessee	Yes	Yes BB	Yes	Yes
Texas	Yes	Yes	Yes O	Yes
Utah	Yes	No	Yes TT	Yes TT
Vermont	Yes	Yes	Yes GG	Yes
Virginia	Yes	Yes CC	Yes FF	Yes
Washington	Yes O	Yes	Yes O	Yes O, DDD
West Virginia	Yes	Yes	Yes	Yes V, KK
Wisconsin	Yes P	Maybe	Yes M	Yes EEE
Wyoming	Yes	Yes	Yes UU, VV	Yes UU, VV

Colored text denotes change from 2021 edition.

† Other comments noted in 2021 edition no longer apply.

— Indicates information is not available.

28. Independent Pharmacist Practice (cont.)

May Pharmacists:

State	Order Lab Tests?	Administer Tests? If so, What Type(s) of Tests?	Interpret Tests?	Prescribe Based Upon Test Outcome(s)?
Alabama	Yes Y4	Yes D, HHH	Yes D, HHH	Yes Y4
Alaska	No	No	No	No
Arizona	No	Yes M	Yes M	No
Arkansas	Yes	Yes HHH	No	No UUU
California	Yes AA	Yes YYY	Yes YYY	Yes YYY
Colorado	Yes C4	Yes M	Yes FFF	Yes FFF
Connecticut	No	Y	Yes Q	Yes N, Q
Delaware	No	Yes MMM	Yes MMM	No
District of Columbia	No	Yes XXX	No	No
Florida	Yes	A	A	Yes A
Georgia	No	Yes HHH	No	No
Guam	No	No	Yes	No
Hawaii	Yes	Yes	No	No
Idaho	Yes	Yes X	Yes	Yes K4
Illinois	No	No	No	No
Indiana	No	Yes HHH	Yes HHH	No NNN
Iowa	Yes Q	Yes Q †	Yes Q †	Yes Q
Kansas	No	No	No	No
Kentucky	Yes Q, FFF	Yes HHH	Yes FFF, PPP	Yes FFF, PPP
Louisiana	No	Yes I4 †	No	No
Maine	Yes U	Yes U	Yes U	Yes U
Maryland	Yes DD	Yes WWW	Yes M	Yes M
Massachusetts	Yes D4, Z4	Yes HHH, Z4	Yes D4	Yes D4
Michigan	No	Yes FFF	Yes FFF	Yes FFF
Minnesota	Yes H4	Yes HHH	Yes JJJ	No NNN
Mississippi	Yes B	Yes FFF	Yes FFF	Yes FFF
Missouri	N/A	QQQ	QQQ	RRR
Montana	Yes GGG	Yes GGG	Yes GGG	Yes GGG
Nebraska	No	No N	No	No N
Nevada	F	FFF	FFF	FFF
New Hampshire	Yes T4	Q, C5	Q, C5	Q
New Jersey	Yes Q	Yes Q	Yes Q	Yes Q
New Mexico	Yes H	Yes KKK, H	Yes KKK, H	Yes H
New York	Yes Q	No	Yes FFF	Yes F
North Carolina	Yes G4	Yes HHH	Yes	Yes Q4
North Dakota	Yes Q	Yes HHH	Yes	Yes GG
Ohio	F4	Yes D5	Yes D5	Yes Q
Oklahoma	Yes Q	Yes B	Yes B	Yes B
Oregon	Yes HHH †	Yes HHH	Yes	Yes A5 †
Pennsylvania	Yes C4	JJJ	No	No
Puerto Rico	—	Yes VVV	No VVV	No
Rhode Island	Yes	Yes HHH	No	No
South Carolina	No	Yes HHH	No	No
South Dakota	E4	Yes III	Yes III	Yes III
Tennessee	Yes Q	Yes Q	Yes Q	Yes Q
Texas	Yes	M, HHH	M	No
Utah	No	No	No	No
Vermont	Yes GG	Yes GG	Yes GG	Yes GG
Virginia	Yes Q	Yes HHH	Y	Yes Q
Washington	Yes G	Yes G	Yes G	Yes PPP
West Virginia	Yes	Yes HHH	GG	GG
Wisconsin	No	No	No	No
Wyoming	Yes K, NNN	Yes HHH	Yes	No NNN

Colored text denotes change from 2021 edition.

† Other comments noted in 2021 edition no longer apply.

28. Independent Pharmacist Practice (cont.)

State	May Pharmacists: Prescribe Naloxone?	Do Pharmacists Have Independent Authority to Prescribe (Not Including Collaborative Practice Agreements and Statewide Protocols)?
Alabama	Yes O4	No
Alaska	No	No
Arizona	XX	Yes B5
Arkansas	Yes M	No
California	Yes YYY, ZZZ	No
Colorado	Yes FFF	No O4
Connecticut	Yes	No
Delaware	Yes GGG	No
District of Columbia	No	No
Florida	No	No
Georgia	No L4	No
Guam	No	—
Hawaii	Yes	Yes
Idaho	Yes	Yes
Illinois	Yes E	No
Indiana	No OOO	Yes V4
Iowa	Yes B	No
Kansas	Yes B	No
Kentucky	Yes FFF	No
Louisiana	No	No
Maine	Yes	Yes M4
Maryland	Yes	Yes JJ
Massachusetts	O4 †	No
Michigan	Yes B	No
Minnesota	No NNN	No
Mississippi	Yes N4	No
Missouri	XX	Yes X4
Montana	Yes GGG	Yes W4
Nebraska	Yes	No
Nevada	Yes	No
New Hampshire	No	No
New Jersey	No	No
New Mexico	Yes	Yes P4
New York	Yes FFF	No
North Carolina	FFF	No
North Dakota	Yes	Yes Z
Ohio	FFF	No
Oklahoma	FFF	Yes R4
Oregon	Yes	Yes S4
Pennsylvania	No	No
Puerto Rico	No	—
Rhode Island	Yes Q	No
South Carolina	Yes B	No
South Dakota	Yes III	No
Tennessee	Yes Q	No
Texas	No	No
Utah	Yes	Yes
Vermont	Yes	Yes J †
Virginia	FFF	No
Washington	Yes PPP	No
West Virginia	Yes U4	No
Wisconsin	No	No
Wyoming	Yes	Yes N4

28. Independent Pharmacist Practice (cont.)

Legend

- A — With restrictions. (FL – Consultant pharmacist in nursing home setting, Section 465.0125, F.S. Or if certified as a collaborative practice pharmacist pursuant to Section 465.1865, F.S. If certified as a test and treat pharmacist, may test for and treat specific minor conditions pursuant to Section 465.1895, F.S.)
- B — Pursuant to protocol only. (IA – Under Board of Pharmacy statewide protocol. KS – Under statewide protocol. MI – Under standing order for dispensing opioid antagonist issued January 23, 2018.)
- C — Collaborative Care Expansion Amendment Act of 2012. D.C. Law 19-0185.
- D — Pursuant to a licensed medical doctor's or osteopathic physician's order and collaborative agreement and authorization.
- E — A pharmacist may dispense without prescription in accordance with standardized procedures or protocols following completion of required training. See 225 ILCS 85/19.1.
- F — In hospital settings only. (NV – And for outpatient clinics associated with a medical facility. NY – Under collaborative drug therapy management protocol.)
- G — For the purpose of evaluating or rendering advice to the prescribing practitioner or patient regarding the patient's drug therapy and related to an existing diagnosis and drug therapies for optimization of drug therapy.
- H — Pharmacist clinicians under Board-approved protocol.
- I — Hospitals, including any diagnostic center, treatment center, or hospital-based outpatient departments (including outpatient clinics). Residential health care facilities, rehabilitation centers, and nursing homes are excluded, with the exception of nursing homes with an on-site pharmacy staffed by a licensed pharmacist.
- J — Pursuant to clinical pharmacist practitioner statute or rules.
- K — **May order/interpret blood and urine test pursuant to a collaborative practice agreement.**
- L — Board has statutory authority to allow this, but regulations not yet promulgated.
- M — Under protocol with prescriber. (AR – Statewide protocol. AZ and CO – May order tests pursuant to a drug therapy management protocol. TX – As part of drug therapy management, pharmacist may order and interpret drug-related lab test.)
- N — May manage and modify, but not initiate therapy provided a written protocol between a specific pharmacist and an individual practitioner exists.
- O — The definition of the "practice of pharmacy" includes "drug administration."
- P — Per Medical Examining Board delegation authority.
- Q — With a collaborative practice agreement/plan. (CT – Section 20-631. IA – Pursuant to collaborative pharmacy practice agreement or Board-approved statewide protocol for point-of-care testing and treatment. NJ – NJAC 13:39-13.7. OH – ORC 4729.45. VA – §54.1-3300.1, 18VAC110-21-46).
- R — See Title 3, Chapter 12, Section 1201.02(11)(A) Definitions of Health Occupations of the District of Columbia Health Occupation Revisions Act of 2009.
- S — Pharmacists may delegate administration to a technician who has obtained certain training.
- T — As long as there is no dispensing.
- U — Title 32, Chapter 117 Collaborative Drug Therapy and Board Rules Chapter 39.
- V — A pharmacist or pharmacy intern may administer immunization in accordance with recommendations from the CDC and Advisory Committee on Immunization Practices (ACIP) for the immunization schedules for adults, children, and adolescents ages 18 years or older. For those 11-17 years, pharmacists and interns may administer all ACIP-recommended vaccinations with physician's prescription and parental consent.
- W — Under review.
- X — No limitations on tests.
- Y — Not specifically released in the law.
- Z — Pharmacists have independent prescriptive authority for naloxone, immunizations, and tobacco cessation therapies as developed in the Board's statewide protocol.
- AA — Pharmacists licensed by the Board as advanced practice pharmacists may order and interpret drug therapy-related tests (Board and Professions Code 4052.6).
- BB — Must be licensed in state.

28. Independent Pharmacist Practice (cont.)

Legend cont.

- CC — If the MTM service is not a required function for dispensing of the drug, ie, an element of remote processing, a limited-use pharmacy permit may be issued to an entity whose primary business model is providing MTM.
- DD — Under a drug therapy agreement.
- EE — With board-approved collaborative practice protocol application.
- FF — Definition of “dispense” includes “administer.”
- GG — If pursuant to a collaborative practice protocol.
- HH — As provided by 225 ILCS 85/3(d)(4).
- II — Not prohibited on a prescription or order.
- JJ — For contraceptives.
- KK — **Subject to vaccination protocol and completed course of study and training.**
- LL — Statute allows pharmacists to administer influenza vaccines to individuals age nine and above; CDC-recommended immunizations to individuals ages 11 to 18 with prescription; CDC-recommended vaccines and travel vaccines to adults under a protocol. Pharmacists may also administer self-administered drugs. Regulations pending. Registration with the Board is required.
- MM — Certain immunizations as approved by the Drug Control Program.
- NN — First doses and in medical emergencies.
- OO — Conditionally with the written approval of the ultimate user. Immunizations by protocol.
- PP — May administer influenza, pneumococcal, acute herpes zoster, meningococcal, tetanus, diphtheria, COVID-19, or pertussis disease vaccines and medications required for emergency treatment of anaphylaxis to patients 18 years of age and older. May administer an immunization to prevent influenza and medications required for the emergency treatment of anaphylaxis resulting from such immunization in patients ages two through 18.
- QQ — Under the rules of the Boards of Pharmacy, Nursing, and Medicine.
- RR — Certain immunizations as listed in Ohio Revised Code §4729.41 and Board Rules.
- SS — Limited to certain adult immunizations. (RI – And flu vaccines for children ages nine and older.)
- TT — For inpatient pharmacist via institutional protocol only pursuant to the Division of Occupational and Professional Licensing, approved vaccine protocol.
- UU — Age seven and older for certain vaccines.
- VV — Pharmacists may immunize if they are certified by the board as an immunizer. (PA – If registered.)
- WW — May administer immunizations under a drug order, prescription, or physician-approved protocol for influenza, shingles, pneumonia, tetanus, diphtheria, acellular pertussis, HPV, and meningitis. Also measles, mumps, and rubella; varicella; Hepatitis A; Hepatitis B; and Haemophilus influenzae type b. May administer any immunization pursuant to a standing order by state health commissioner.
- XX — Pharmacist may sell or dispense naloxone under the statewide protocol or without a prescription but cannot independently prescribe.
- YY — Yes, if it has been delegated to them and they have the approved training. See MCL 333.16215 of the Michigan Public Health Code on delegation.
- ZZ — Influenza vaccines and vaccines approved by FDA related to COVID-19 or SARS-CoV-2 to patients six years of age and older, all other vaccines to patients 13 years of age or older. Written protocol with a physician, APRN, or PA.
- AAA — Amended in 2017. Pharmacists are authorized to prescribe and administer immunizations without a collaborative practice agreement in place for the following vaccines: influenza to those 12 years and older; pneumococcal, tetanus, and diphtheria to those 18 years and older; herpes zoster to those identified in Centers for Disease Control and Prevention guidelines; and in the event of an adverse reaction, epinephrine or diphenhydramine to those 12 years and older.

NABPLAW Online Search Terms

Independent Pharmacy Practice (type as indicated below)

- collaborative practice
- medication therapy management
- naloxone
- pharmacist administer
- pharmacist immunization
- pharmacist prescribing
- protocol

28. Independent Pharmacist Practice (cont.)

Legend cont.

- | | |
|--|---|
| <p>BBB — On prescriber's order. (NE – By written protocol with prescriber.)</p> <p>CCC — Influenza, pneumococcal, herpes zoster, hepatitis B, meningococcal, tetanus-diphtheria, tetanus and diphtheria toxoids and pertussis, tetanus and diphtheria toxoids and acellular pertussis, tetanus toxoid, and all other vaccinations recommended or required by the Centers for Disease Control and Prevention.</p> <p>DDD — If appropriately certified based upon the 12-hour Centers for Disease Control and Prevention training program, the pharmacist can initiate immunizations pursuant to a collaborative drug therapy agreement.</p> <p>EEE — Yes, if requirements for coursework and insurance are met.</p> <p>FFF — Must be in accordance with a protocol. (AZ – A pharmacist may dispense without a prescription according to protocol adopted by the Board. CO – Pursuant to protocol with physician or APRN (statewide protocols may apply with prescribing). IA – By written protocol pursuant to rules of the Board of Pharmacy or when specifically directed by the prescriber for an individual patient. MI – May administer cholesterol, blood glucose, international normalized ratio, hepatitis C. NV – Protocol must be approved by the Board. OH – Pharmacists and pharmacy interns may dispense naloxone pursuant to a physician-approved protocol.)</p> <p>GGG — Pursuant to collaborative practice agreement (CPA) or institutional protocol. Naloxone prescribing by CPA or statewide standing order from Department of Public Health and Human Services.</p> <p>HHH — CLIA-waived tests. (AL – Bone density, blood sugar, cholesterol, mouth swab tests. GA – Cholesterol and glucose. MA – Health promotion screening tests. MN – If without collaborative practice agreement. NC – Eg, cholesterol screening, blood glucose. ND – Blood pressure, blood glucose, cholesterol, HDL cholesterol, triglyceride, glycosylated hemoglobin, SARS-CoV-2, etc; for full list, see 61-04-10-06. OR – See ORS 689.661. TX – Such as blood glucose and cholesterol.)</p> <p>III — SDCL 36-11-19.1.</p> <p>JJJ — Limited. Under written protocols in the course of drug therapy.</p> <p>KKK — CLIA-waived test in a CLIA facility.</p> <p>LLL — When trained and authorized by Board.</p> | <p>MMM — 24 Del. C. §2502(21)(e). Performing and interpreting capillary blood tests to screen and monitor disease risk factors or facilitate patient medication, the results of which must be reported to the patient's health care practitioner; screening results to be reported only if outside normal limits.</p> <p>NNN — Unless the test is based on a collaborative practice agreement. (MN – May issue prescription in the name of a practitioner with whom pharmacist has protocol. WY – Otherwise CLIA-waived test without a collaborative practice agreement.)</p> <p>OOO — See IC 16-42-27-2(a).</p> <p>PPP — Under collaborative care agreement.</p> <p>QQQ — Missouri law is silent and does not prohibit pharmacists from administering tests.</p> <p>RRR — Pharmacists may modify drug therapy with a certificate of medication therapeutic services, which may include dispensing a new drug as authorized by protocol.</p> <p>SSS — Pharmacist must have a board-issued medication therapy services certificate.</p> <p>TTT — Certain mental health drugs and substance use disorder drugs as defined by the Drug Control Program.</p> <p>UUU — A written protocol required by Board regulation may authorize the pharmacist to make certain decisions with regard to patient-specific disease state management.</p> <p>VVV — Only the OraQuick HIV test, and pharmacists receive Department of Health training.</p> <p>WWW — Under a letter of exception from the Office of Health Care Quality, COMAR 10.10.01.03, 10.10.02.01, 10.10.03.02, 10.10.06.02, 10.10.06.04, 10.10.06.12.</p> <p>XXX — Conducting health screenings, including obtaining finger-stick blood samples; the offering or performance of those acts, services, operations, and transactions necessary in the conduct, operation, management, and control of a pharmacy; and the maintenance of proper records.</p> <p>YYY — If all requirements are met as specified in statute and related regulations, if any.</p> <p>ZZZ — Pharmacists are authorized to furnish naloxone hydrochloride pursuant to a protocol established by the California State Board of Pharmacy and The Medical Board of California, outlined in Board regulation.</p> <p>A4 — Board-issued certificate of administration required. (32 MRS §13832). New law enacted authorizing a pharmacist to administer to adults by intramuscular and</p> |
|--|---|

28. Independent Pharmacist Practice (cont.)

Legend cont.

- subcutaneous injection drugs approved by FDA upon the order of a practitioner to dispense and administer the drug or while engaged in collaborative drug therapy management pursuant to a collaborative practice agreement. Administration may be inside, outside, or off the premises of a retail pharmacy, rural health clinic, or free clinic. The pharmacist must be Board-certified in drug administration.
- B4 — In a non-hospital pharmacy pursuant to a standing order from a physician, PA, or APN and only for those practitioners' identified patients. In a hospital pharmacy following protocols of the hospital pharmacy therapeutic committee with respect to the fulfillment of medication orders.
- C4 — As part of participation in drug therapy management.
- D4 — Only under a collaborative practice agreement with supervising physician in certain practice settings defined in 247 CMR 16.00.
- E4 — Only under protocol, per SDCL 36-11-19.1(6).
- F4 — Pharmacists may order blood and urine tests under a consult (collaborative practice) agreement. May also order a drug test prior to the administration of an opioid antagonist used for treatment of drug addiction and administered in a long-acting or extended-release form.
- G4 — Clinical pharmacist practitioners are authorized to order lab tests consistent with their supervising physician agreement. Other pharmacists may conduct CLIA-waived tests if the pharmacy complies with all federal law requirements governing CLIA-waived laboratories.
- H4 — See Minnesota Statutes 151.01, Subdivision 27.
- I4 — CLIA-waived and moderately-complex tests in CLIA facility.
- J4 — Depending on the definition of MTM, it may reflect pharmacotherapy consults or disease management coach/support.
- K4 — Under a collaborative practice agreement, or independently for limited conditions as described in 54-1704.05(g).
- L4 — 2019 HB 2119 allows a licensed pharmacist to administer a drug by injection pursuant to a prescription order, unless the prescription order includes the words, "not to be administered by a pharmacist," or words of like effect.
- M4 — A Maine pharmacist may prescribe naloxone pursuant to 32 MRS §13815, Sub-§11-A. Per newly enacted law 2021 Public Law Chapter 265, a pharmacist may prescribe, dispense, and administer HIV prevention drugs pursuant to a standing order or collaborative practice agreement or to protocols developed by the Board for when there is no prescription drug order, standing order, or collaborative practice agreement and may also order laboratory testing for HIV infection as necessary.
- N4 — Only for immunizations and naloxone provided that they meet the Board's requirements.
- O4 — By standing order. (CO – for opioid antagonist only.)
- P4 — Pursuant to 16.19.26 NMAC.
- Q4 — Only by a clinical pharmacist practitioner (CPP) acting within the scope of the CPP's collaborative practice agreement.
- R4 — Naloxone only.
- S4 — Pharmacists in Oregon may independently prescribe post-diagnostic drugs and devices that have been added to the Formulary Compendium by the Board.
- T4 — COVID-19 only.
- U4 — Per WV Code §16-46-3a, a pharmacist or pharmacy intern may furnish naloxone per Board-approved protocol as the prescriber or have the protocol signed by a physician to become a standing order.
- V4 — Certain FDA-approved devices and supplies (See IC 25-26-13-51).
- W4 — An immunization-certified pharmacist may independently prescribe and administer immunizations listed in 37-7-105, MCA.
- X4 — For nicotine replacement therapy.
- Y4 — Must be in compliance with a Board-approved collaborative practice agreement or institutional protocol.
- Z4 — And other tests as determined by the Board.
- A5 — Yes, if via pharmacy formulary drug therapy management protocol approved by the Board and in rule.
- B5 — Limited smoking cessation therapies and oral fluoride varnish only.
- C5 — COVID-19 emergency authorization.
- D5 — May order/interpret tests pursuant to a collaborative practice agreement. May also administer CLIA-waived test pursuant to OAC 4729-1-3-01 and may order/administer COVID-19 tests under ORC 4729.42.
- E5 — See 225 ILCS 85/3(d)(4) for vaccine administration.

4

